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Bib Data Sheet

CONFIRMATION NO. 5952

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/659,896 | FILING DATE<br>09/11/2003<br><br>RULE | CLASS<br>005 | GROUP ART UNIT<br>3673 | ATTORNEY<br>DOCKET NO.<br>33369-1 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

Gilda A. Taylor, Arden, NC;

\*\* CONTINUING DATA \*\*\*\*\*  
*none R.S.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none R.S.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/02/2003

|   |  |                           |                        |                       |                            |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br><i>Allowance</i><br><i>Robert S. Hunter R.S.</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>NC | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>16 | INDEPENDENT<br>CLAIMS<br>2 |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

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TITLE

Method for moving an invalid patient

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>375 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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